



Iowa Department of Human Services

Analysis of Family First Prevention Services Act and Implications for Iowa

Overview

Children do best in families!

Family First Prevention Services Act (FFPSA) will restructure how the federal government spends money on child welfare to improve outcomes for children:

- Prevent the need for removal through evidence-based family preservation services
- If removal is necessary, placement in this order:
 - Relative or fictive kin
 - Licensed Foster Family
 - Congregate care (for treatment only)
- All possible strategies for keeping children with their families, or in family settings, must be explored.

Structure of FFPSA

Part I: Prevention Activities under Title IV-E

Part II: Enhanced Support Under Title IV-B

Part III: Miscellaneous

Part IV: Ensuring the Necessity of a Placement that is not in a Foster Family Home

Part V: Continuing Support for Child and Family Services

Part VI: Continuing Incentives to States to Promote Adoption and Legal Guardianship

Part VII: Technical Corrections

Part VIII: Ensuring States Reinvest Savings Resulting from an Increase in Adoption Assistance

Prevention Activities Under Title IV-E (Part I)

What is Different: IV-E dollars are available for Foster Care Prevention Services.

Services Eligible for Federal Financial Support:

- Mental health services
- Substance abuse prevention and treatment
- In-home, parent skill-based programs that include parenting skills training, parent education, and individual and family counseling
- Evidence-Based Kinship Navigator Program

Eligible Population and Criteria:

- A child who is at imminent risk of entering foster care, but can remain safely at home or in a kinship placement with receipt of services or programs
- A child in foster care who is pregnant or parenting
- A child with parents in a residential treatment facility for substance abuse

Quality of Service:

- The services described under “eligible services” cannot be more than 12 months in duration
- Organizations providing eligible services must be Trauma-Informed
- Service must be a Promising, Supported or Well-Supported Practice

Part I - Additional Requirements

State Shall:

- Report to HHS data on children receiving these services – including duration, expenditures and outcomes
- Report on how fidelity of services is ensured and how children and caregivers are determined to be eligible
- Provide a description of how caseload size for prevention caseworkers will be determined, managed, and overseen
- Submit a comprehensive report on steps the State is taking to support a competent and professional child welfare workforce to deliver trauma-informed and evidence-based services

Fiscal Implications:

- Maintenance of Effort is determined by the state foster care prevention expenditures for FFY14
- Begins October 2019 and ends in September 2026.
- Rate of federal reimbursement is 50% for eligible expenditures for the Foster Care Prevention program and Kinship Navigator Program - for 100% of kids.

Ensuring the Necessity of a Placement that is not in a Foster Family Home (Part IV)

What is Different: Limitations on federal financial participation for placements that are not in foster family homes. Designed to discourage use of congregate care settings.

Services Eligible for Federal Financial Support:

- The setting is a Qualified Residential Treatment Program (QRTP)
- Specialized setting for prenatal, post-partum and parenting program for youth
- Supervised independent living for youth 18+yo
- Residential care for youth found to have been, or at risk of, being sex-trafficked

Eligible Population and Criteria:

- A child whose who has been clinically assessed using an evidence-based and validated tool approved by HHS and determined:
 - specific short-term and long-term mental and behavioral health goals cannot be met in a family or family-like setting
 - the setting will provide the least restrictive environment and most appropriate level of care

Part IV - Definition of a Q RTP

Quality of Services:

- Provide family-based aftercare support for 6-months post-discharge
- Accredited by CARF, COA or JCAHO
- Means an institution with no more than 25 children
- Must have a registered or licensed nursing staff on-site according to the treatment model identified and are available 24/7
- Has a trauma-informed treatment model designed to address clinical needs of children with serious emotional or behavioral disorders or disturbances
- Program must be able to meet the treatment needs identified in the assessment needed for placement
- Facilitates outreach to known family members, including siblings, document outreach and keep records on all known biological family and fictive kinship and must include documented family members in treatment as appropriate
- Document how family members are included in the treatment process, including post-discharge

Part IV - Eligibility for the QRTP

State Shall:

- Arrange for a “qualified individual” to conduct the required clinical assessment
- Have qualified individual conducting the assessment specify - in writing - the reasons why the needs of the child cannot be met in a family or family-like setting
- Arrange for the qualifying assessment within 30 days of referral to the QRTP
- Within 60 days from the start of placement in a QRTP, have a judge review the assessment, case plan, treatment goals and permanency plan in approving or disapproving the placement

Who is a “qualified Individual” tasked with conducting the assessment?

- Must be a trained professional or licensed clinician
- Cannot be an employee of the state
- Cannot be an employee of, or affiliated with, any placement setting

Part IV - Additional Considerations

- Child specific reporting from the State Director to the Secretary for every youth in a QRTP according to age and length of time benchmarks
- Training is required for Judges and other legal personnel involved in child welfare cases on Federal child welfare policies and payment limitations for children in foster care placed in settings that are not family or family-like
- The Secretary shall study effectiveness of policies and procedures to ensure misdiagnosis are being prevented
- Staff in congregate care settings shall have national finger-print checks, criminal record and registry checks

Fiscal Implications:

- QRTP requirements go into effect on October 1, 2019 – although states can request up to a 2-year delay
- If the assessment determines a clinical need does not justify placement in the QRTP, FFS for foster care maintenance can be received for 30 days after the determination is made, while a family or family-like placement is arranged

